LABOR COMPLIANCE PROGRAM ANNUAL REPORT

Format for Awarding Body that enforces its own Labor Compliance Program for some but not all projects

Report for the reporting period 07/01/2010 to 06/30/2011

1. Name of Labor Compliance Program (LCP): Zone 7 Water Agenc	y—RGM and Associates—Administering Third Party Labor Compliance Program.					
2. LCP I.D. Number (assigned by DIR): 2003.00060	3. Date of Initial Approval: March 18, 2003					
5	(Converted to "approved without expiration date" June 10, 2009)					
4. Contact person (include name, title, address, telephone, fax, and e-m	nail, if available):					
Ralph J. Caputo, President, CEO, RGM and Associates, 3230 Mor	nument Way, Concord, California, 94518					
Phone – (925) 671-7717 – Fax – (925) 671-7788 – E-mail – rgm@rg	gmassociates.com					
	Awarding Bodies with whom the LCP Third Party provider currently has a contract to provide d provide all requested information. Then complete the information below, and sign and submit 455 Golden Gate Avenue, 10 th Floor, San Francisco, CA 94102.					
Dublin Unified School District Napa C Fort Ross Elementary School District Napa V John Swett Unified School District Orinda	Park City School District ounty Department of Public Works falley Unified School District Union School District g Unified School District g Unified School District					
What suggestions do you have for the Department of Industrial Relations to better assist you with your program in the coming year? (attach additional sheets if necessary): NONE						
	Caputo, President, CEO Name and Title 8-31-2011 Date					

6. LC § 1771.5 enforcement activities (provide all information requested, attaching as many sheets as necessary).

A. List projects handled by LCP within the past 12 months.

Project Name	Bid Advertisement Date	Prime Contractor	a	Contract Amount
Monitoring Well Installation for Hydrostratigraphic Investigation at Chain of Lakes	1/2/10	Cascade Drilling	\$	140,000.00
TOTAL			\$	140,000.00

B. Summary of all wages and penalties assessed and/or recovered.

Project Name	Affected Contractor (who directly employed the worker)	Amount Assessed	Amount Recovered	Approval of Forfeiture Requested from Labor Commissioner?	Description of Violation
NONE	4 2			□Yes □No	
TOTAL			s		

C. For any amount identified in item B for which approval of forfeiture not requested from the Labor Commissioner, please explain.

Project Name	Amount Assessed	Amount Recovered	Explanation
NONE			
TOTAL			

D. For any amount identified in item B for which approval of forfeiture was requested from the Labor Commissioner, please provide the following:

Project Name	Amount Assessed					Amount Recovered				
	LC §1776(g)	LC § 1775	LC § 1813	Wages	Total	LC § 1776(g)	LC § 1775	LC § 1813	Wages	Total
NONE							-	,		
TOTAL										

E. Identify cases that are or were the subject of LC § 1742 proceedings.

Project Name	Contractor	Nature of Violation	ODL Case #	Current Status
NONE				

LCP-AR1

F. Did you refer any contractor to the Labor Commissioner for debarment per LC § 1777.1? Please check one: □Yes ☑ No	s
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:	
G. Did you refer any apprenticeship violation to the Division of Apprenticeship Standards (DAS)? Please check one: □Yes ☑ No	
If yes, identify affected contractor(s) or subcontractor(s) and date(s) of referral:	
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